



Michigan Department of Education
Office of Special Education

TEMPORARY APPROVAL FOR OUT-OF-STATE TRAINED SUPERVISOR OF SPECIAL EDUCATION

Policy & Criteria

POLICY:

1. A request for approval as an out-of-state Supervisor of Special Education is initiated by the candidate.
2. The candidate initiates the request for temporary approval as an out-of-state trained Supervisor of Special Education, upon completion of all training requirements:
 - Master's degree or higher.
 - Michigan special education teaching endorsement, full approval in at least one area of special education, school psychologist certification or credential for other professional personnel, under Michigan Administrative Rules in Special Education (MARSE) 340.1792 (provide a copy of professional credential or valid Michigan teaching certificate).
 - Three years of successful experience in special education (provide letter from previous employer(s). Experience may be gained out-of-state.
 - Twelve semester or equivalent hours of graduate credit in a program designed to assure competencies in the Revised MARSE R.340.1772.
3. Temporary approval as a Supervisor of Special Education is transferable from one employer to the next.
4. Temporary approval as a Supervisor of Special Education expires at the end of the school year for which it is issued.
5. A search for a candidate with full approval as a Supervisor of Special Education is not required prior to hiring a candidate under temporary approval.

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CRITERIA:

1. The candidate must hold an earned master's degree or higher (provide copy of diploma or transcript).
2. The candidate must hold a Michigan special education teaching endorsement, full approval in at least one area of special education, school psychologist certification or other credential for professional personnel, under MARSE 340.1792 (provide a copy of professional credential or valid Michigan teaching certificate).
3. The candidate must have completed 3 years of successful experience in special education (provide letter from previous employer(s)). Experience may be gained out-of-state.
4. Recommendation from a university or college approved to prepare special education supervisors.

There are two options for seeking approval when trained out-of-state

PROCEDURES

Option 1

The candidate must:

1. Initiate the request by having their out-of-state training institution complete the Michigan Department of Education, Office of Special Education (MDE-OSE) competency form. The completed form should be forwarded from the out-of-state training institution to the MDE-OSE.
2. Provide documentation of completion of 12 semester or equivalent hours of graduate credit in a program designed to assure competencies in the areas specified in the MARSE R340.1772. Official transcripts should be forwarded from the out-of-state training institution to the MDE-OSE.
3. Provide documentation of a Michigan teaching endorsement, full approval in at least one area of special education, school psychologist certification or credential for other professional personnel, under MARSE 340.1792 (provide a copy of professional credential or valid Michigan teaching certificate).

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4. Three years of successful experience in special education (provide letter from previous employer(s)).
5. Forward materials to the Michigan Department of Education, Office of Special Education, Program Accountability Unit, P.O. Box 30008, Lansing, MI 48909.

Option 2

The candidate must:

1. Initiate the request by seeking verification that competencies have been met for approval through a **Michigan** College/University with an approved special education supervisor's program of training.
2. Provide documentation of a Michigan teaching endorsement, full approval in at least one area of special education, school psychologist certification or credential for other professional personnel, under MARSE 340.1792 (provide a copy of professional credential or valid Michigan teaching certificate).
3. Three years of successful experience in education (provide letter from previous employer(s)).
4. Forward materials to the Michigan Department of Education, Office of Special Education, Program Accountability Unit, P.O. Box 30008, Lansing, MI 48909.

The University/College will:

- Complete the university/college verification form to verify the candidate has completed all educational requirements through their out-of-state training institution.
- Forward a copy of the university/college form to the candidate and a copy to the MDE–OSE.

MDE–OSE will:

- Review request;
- Make an approval decision; and
- Send a letter of approval or denial to the candidate.

(Rev. 6/2012)



RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF EDUCATION
LANSING

MICHAEL P. FLANAGAN
PUBLIC INSTRUCTION

MEMORANDUM

TO: Out-Of-State Institutions of Higher Education Administrative Trainer(s)

FROM: Sheryl Diamond, Supervisor, Program Accountability Unit
Office of Special Education

SUBJECT: Michigan Supervisor of Special Education Approval for Out-of-State Trained
Candidates

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Candidates seeking supervisor of special education approval must have completed:

- a.) 12 semester or equivalent hours of graduate credit in a program designed to assure competencies in the attached areas

Supervisor of Special Education training programs are based upon competencies. The State of Michigan requires that all out-of-state trained directors or supervisors of special education have minimal competencies verified by a university/college (special education administrative trainer). While a person is not expected to be an expert in all of these areas, the prospective candidate should have had some experience with all the competencies and your evaluation can help determine what further skills might need to be developed. Even though this will require some time on your part, we feel this is necessary to make sure that persons entering Michigan have equivalent training. Please complete the attached form and return it to the following address:

Roxanne Balfour, Departmental Specialist
Michigan Department of Education
Office of Special Education
Program Accountability Unit
P.O. Box 30008 – Lansing, MI 48909
Telephone: (517) 335-0468

STATE OF MICHIGAN
Competency Based Supervisor of Special Education Evaluation Form
For Out-of-State Trained Candidates
(To be completed ONLY by Administrative Training Personnel)

Dear Special Education Administrative Trainer:

Please check the appropriate response as: Satisfactory (S), Unsatisfactory (U) Not Completed or Needs Further Work (NC). Also, please feel free to comment in the space provided after each criterion.

A Supervisor of Special Education shall possess knowledge and competency in the following areas:

(i) Curriculum and Instruction

S U NC

____ ____ ____ Method of Evaluation: _____ Course No. _____

(ii) Administrative Procedures

S U NC

____ ____ ____ Method of Evaluation: _____ Course No. _____

(iii) Personnel Supervision and Evaluation

S U NC

____ ____ ____ Method of Evaluation: _____ Course No. _____

(iv) Communication Skills

S U NC

____ ____ ____ Method of Evaluation: _____ Course No. _____

(v.) Leadership of Professional Development

S U NC

____ Method of Evaluation: _____ Course No. _____

(vi.) Facilitation of Effective Instruction

S U NC

____ Method of Evaluation: _____ Course No. _____

(vii.) Data-based Program Improvement

S U NC

____ Method of Evaluation: _____ Course No. _____

(viii.) School Law and Policy

S U NC

____ Method of Evaluation: _____ Course No. _____

(ix.) Parental and Family Collaboration

S U NC

____ Method of Evaluation: _____ Course No. _____

Supervisors:

Yes

No

_____ _____ The candidate has completed 12 semester or equivalent of graduate credit in a program to meet the above competencies.

I am recommending the following:

_____ Temporary Approval (Full Approval is contingent on one year of successful experience as a supervisor in Michigan)

_____ Temporary Approval with additional coursework in Michigan to complete the areas mentioned above as unsatisfactory or not completed.

_____ No Approval.

Please Print or Type the following information:

Faculty
Member's Name: _____ Title: _____

Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____

Faculty
Member's Signature: _____ Date: _____